



Patient Experience

Attn: CRH Planetree Coordinator

707 Sheridan Avenue, Cody, WY 82414

Patient & Family Partnership Council Application Form

Please return this form to the address above or email to jpoeverlein@codyregionalhealth.org.

Name (First and Last): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Preferred Contact: ☐ HOME PHONE ☐ CELL PHONE ☐ EMAIL

The following questions will help us get to know you better. (check all that apply)

Are you a... ☐ Patient ☐ Family Member of a Patient

List the most recent year you received care from Cody Regional Health's hospital or clinics.

☐ 2018 to present ☐ 2012–2017 ☐ 2011 or before

What language(s) do you speak? _____

Which services provided care for you or your family member:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acute Care/Critical Care | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Labor & Delivery |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> HealthCheck Lab | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Cancer Care | <input type="checkbox"/> Hospice | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Walk-in Clinic |
| <input type="checkbox"/> Cardiopulmonary & Respiratory | <input type="checkbox"/> Surgical & Outpatient Services | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Cedar Mountain Center | <input type="checkbox"/> Radiology | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Rehab Services | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Lab | <input type="checkbox"/> Psychiatry |

We recognize that our patient and family advisors have busy lives. How much time are you able to commit to being a patient and family advisor?

☐ Less than 1 hour per month ☐ 1 to 2 hours per month ☐ 3 to 4 hours per month ☐ 5 to 6 hours per month

Are you available to serve as an advisor for at least 1 to 2 years? (You can be an advisor if you answer "NO.")

☐ YES ☐ NO

(continued)



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How do you want to help? (Check all of your interest areas)

- ☐ Serve as a member of the patient and family advisory council. Potential advisory council members should be ready to commit to serving on the council for at least 1 to 2 years. The advisory council meets once a month for 1 ½ to 2 hours.
 - ☐ Help develop or review informational materials for patients and family members.
 - ☐ Help improve patient safety and the prevention of medical errors.
 - ☐ Help improve the patient and family role in care decision making.
 - ☐ Help improve the hospital facilities (for example, patient care areas, or family resource room).
 - ☐ Help educate or train hospital staff and clinicians.
 - ☐ Review procedures and provide input to improve the hospital admission process.
 - ☐ Provide input as we implement bedside shift report, where nurses who are going off duty share information with nurses coming on duty at the patient's bedside.
 - ☐ Other Issues:
-

Please tell us about yourself.

Why do you want to become a patient and family advisor?

Please briefly describe any experience you may have as an advisor, as an active volunteer, or as a public speaker.



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Please describe any specific things that doctors or hospital staff did or said while you or your family member were in the hospital that were helpful to you or your family.

Please describe any specific things that doctors and hospital staff could have done differently to be more helpful while you or your family member were in the hospital.

Our patient and family advisors reflect the diversity of the patients and families we serve. Please share anything about yourself that you think would add to the diversity of our team of advisors.